

State of Connecticut – Office of the Claims Commissioner
CLAIM FORM

Claimant Name _____ Inmate ID# _____ Date _____

Current Address _____ Forwarding Address _____

Most claims must be filed within one year of the date of incident. See Connecticut General Statutes § 4-148 for more information.

COMPLETE THE FOLLOWING SECTIONS. PROVIDE SPECIFIC INFORMATION.

A. Provide a concise statement of the claim. Specify the date, time, place and the state agency the claim is against:

(Attach 2nd sheet if necessary)

B. Explain why the state is liable for the damages:

(Attach 2nd sheet if necessary)

C. Total amount of monetary damages requested: _____

D. Do you request permission to sue the state? Yes _____ No _____. If yes, is this the exclusive remedy you seek, or do you seek an award or recommendation of damages in the alternative? Exclusive _____ Damages _____

Filing fee of \$25.00 or \$50.00 is enclosed? Yes _____ No _____

If you are requesting a fee waiver, is the completed Application for Waiver of Filing Fee and Affidavit form enclosed?

Yes _____ No _____

If inmate, have all administrative remedies been exhausted prior to filing this claim? Yes _____ No _____

Enclose documentation, e.g., returned grievance forms, sworn statement, etc. Failure to submit documentation may result in dismissal of claim.

I hereby present a Notice of Claim against the State of Connecticut for damages.

Signature _____ Date _____

It is highly recommended that a claim for \$10,000 or less be sworn and notarized so that the claim may be resolved without a formal hearing.

Subscribed and sworn to before me on this _____ day of _____

Notary Public _____ Date of Commission expiration _____

Original claim form and one (1) copy should be delivered to the Office of the Claims Commissioner, 450 Columbus Boulevard, North Tower, Suite 203, Hartford, CT 06103. If a copy is not provided, no copy of the claim will be returned to you. (Rev. 4-21)